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NO. 6035 P. 1

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## FACSIMILE TRANSMISSION

Total number of pages, including this cover sheet: 29 pages

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From : Stacy L. Taylor  
Email Address : [staylor@foley.com](mailto:staylor@foley.com)  
Sender's Direct Dial : 858.847.6720  
Date : October 16, 2006  
Client/Matter No : 041673-2115

### MESSAGE:

U.S. Patent Application No. 10/748,337

Following is:

- 1) Amendment Transmittal (3 pgs.);
- 2) Credit Card Payment Form (1 pg.);
- 3) Terminal Disclaimer (3 pgs.);
- 4) Amendment and Reply Under 37 CFR 1.116 (15 pgs.) with a copy of PNAS 103(24): 9345-9350 (2006) (6 pgs.).

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Operator:	Time Sent:	Return Original To: Rachel Caputo
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Cover Page 1 of 1

DLMR\_289871.1

PAGE 1/29 \* RCVD AT 10/16/2006 7:07:50 PM [Eastern Daylight Time] \* SVR:USPTO-EFAX-6/46 \* DNIS:2738300 \* CSID: \* DURATION (mm-ss):10-16

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NO. 6035 P. 2

OCT 16 2006

Atty. Dkt. No. 041673-2115

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Tuszynski, Mark H.  
Title: METHODS FOR THERAPY OF  
NEURODEGENERATIVE  
DISEASE OF THE BRAIN  
Appl. No.: 10/748,337  
Filing Date: 12/29/2003  
Examiner: Lieto, Louis D.  
Art Unit: 1632  
Confirmation 9488  
Number:

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
<i>Rachel Caputo</i>	(Printed Name)
<i>Rachel Caputo</i>	(Signature)
10/16/06	(Date of Deposit)

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- ☐ Assertion of Small Entity status is enclosed.

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OCT 16 2006

Atty. Dkt. No. 041673-2115

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	14	-	20	=	0	x	\$50.00	=	\$0.00
Independent Claims:	1	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims: +									\$360.00 = \$0.00
CLAIMS FEE TOTAL =									\$0.00

[ ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$120.00	\$0.00
[ ] Extension for response filed within the second month:	\$450.00	\$0.00
[ ] Extension for response filed within the third month:	\$1,020.00	\$0.00
[ ] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
[ X ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$130.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$130.00
[ X ] Small Entity Fees Apply (subtract ½ of above):		\$65.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$65.00

A credit card payment form in the amount of \$65.00 is enclosed.

Atty. Dkt. No. 041673-2115

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10-16-06

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Customer Number: 30542  
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By



Stacy L. Taylor  
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